

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576356

FILING DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER (1 <sup>st</sup> AMENDMENT)		AFTER (2 <sup>nd</sup> AMENDMENT)			AS FILED		AFTER (1 <sup>st</sup> AMENDMENT)		AFTER (2 <sup>nd</sup> AMENDMENT)	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						